

H1N1 NON- NEVADA WEBIZ PROVIDERS

HOW TO COMPLY WITH MANDATORY DATA REPORTING

THE PAPER METHOD



H1N1 DATA REPORTING

- All H1N1 providers must comply with submitting specific data to comply with state law and federal requirements.
- All H1N1 providers have been broken down by:
 - Nevada WebIZ Providers
 - Non-Nevada WebIZ Providers

- *Nevada WebIZ = Nevada Immunization Registry*



FORMS

- Two sets of forms
 - “H1N1 Patient Chart Record”
 - “H1N1 Aggregate Doses Reporting”



Complete one form per
H1N1 patient



Keep one copy in
patient's chart



Submit one copy to the
Nevada Immunization
Program on weekly
basis via fax or mail.



**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION**

IMMUNIZATION PROGRAM
4150 Technology Way, Suite 210
Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONTACT INFO (please print)

Facility Name:	Facility Address:
Name of Facility Representative:	
Pin Number:	Facility Phone Number:

PATIENT INFO

Last Name:	First Name:	Date of Birth: (mm/dd/yyyy) <input type="checkbox"/> Not Available
Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	Mailing Address: <input type="checkbox"/> Not Available Street: City, County, State, Zip Code:	Physical Address: <input type="checkbox"/> Not Available Street: City, County, State, Zip Code:
Phone Number: ()	State, Country of Birth:	Priority Group: (check all that apply) <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Household contacts & caregivers for children younger than 6 months <input type="checkbox"/> Healthcare & emergency medical services personnel <input type="checkbox"/> 6 months - 18 yrs. old <input type="checkbox"/> 19 through 24 yrs. old <input type="checkbox"/> 25 - 64 yrs. old with underlying medical conditions. Identify Type: _____
<u>Child Only (birth-18 yrs old)</u> Mother's Full Name: Mother's Maiden Last Name:		Ethnicity: (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknown Race: (check all that apply) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown

VACCINES <i>Circle vaccine administered</i>	DATE GIVEN	DOSE # <i>Circle dose #</i>	LOT #	SITE <i>Circle site administered</i>	ROUTE
MedImmune		1 2		Intranasal	Nasal
GSK				Left Thigh Right Thigh Left Deltoid Right Deltoid Left Arm Right Arm	Intramuscular
CSL					
Sanofi					
Novartis					

**VACCINE INFORMATION
STATEMENT (VIS)**

VACCINATOR

DATE VIS GIVEN TO PATIENT	NAME & TITLE OF VACCINATOR	SIGNATURE
<input type="checkbox"/> Same as Vaccine Date m m / d d / y y y y	Name: Title:	

NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:

Revised 9/2009

Date Form Received

Date Recorded into Nevada WebIZ

Complete one form per
H1N1 patient



Keep one copy in
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H1N1 PATIENT CHART RECORD



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FACILITY CONTACT INFO (please print)

Facility Name: ABC Clinic	Facility Address: 1111 Nevada St. Reno, NV 89503
Name of Facility Representative: Suzu Que	
Pin Number: 123456	Facility Phone Number: (775) 555-1212

PATIENT INFO

Last Name: Smith	First Name: John	Date of Birth: (mm/dd/yyyy) 01/01/1999 <input type="checkbox"/> Not Available
Gender: (check one) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Mailing Address: <input type="checkbox"/> Not Available Street: 555 S. Winter St. City, County, State, Zip Code: Reno, Washoe, NV, 89512	Physical Address: <input type="checkbox"/> Not Available Street: SAME City, County, State, Zip Code:
Phone Number: (775) 787-1111		
State, Country of Birth: California, USA	Priority Group: (check all that apply) <input type="checkbox"/> Pregnant Women <input checked="" type="checkbox"/> Household contacts & caregivers for children younger than 6 months <input type="checkbox"/> Healthcare & emergency medical services personnel <input checked="" type="checkbox"/> 6 months - 18 yrs. old <input type="checkbox"/> 19 through 24 yrs. old <input type="checkbox"/> 25 - 64 yrs. old with underlying medical conditions. Identify Type: _____	Ethnicity: (check one) <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknown
<u>Child Only (birth-18 yrs old)</u> Mother's Full Name: Jane Smith Mother's Maiden Last Name: Robertson		Race: (check all that apply) <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown

VACCINES <i>Circle vaccine administered</i>	DATE GIVEN	DOSE # <i>Circle dose #</i>	LOT #	SITE <i>Circle site administered</i>	ROUTE
MedImmune				Intranasal	Nasal
GSK					
CSL		1 2	12456789	Left Thigh Right Thigh Left Deltoid Right Deltoid	Intramuscular
Sanofi				Left Arm Right Arm	
Novartis	10/12/09				

VACCINE INFORMATION STATEMENT (VIS)		VACCINATOR	
DATE VIS GIVEN TO PATIENT	NAME & TITLE OF VACCINATOR	SIGNATURE	
<input checked="" type="checkbox"/> Same as Vaccine Date mm / dd / yyyy	Name: Robert Rodriguez Title: Nurse	R. Rodriguez	
NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:		Revised 9/2009	
Date Form Received		Date Recorded into Nevada WebIZ	

Track all H1N1 doses administered (in whole numbers) for the specific week (Sun. – Sat.)



Submit by fax every Monday by 12pm (Noon) for previous Sun. – Sat. week



Can use Tick-Mark Chart to help keep track



H1N1 AGGREGATE DOSES REPORTING FORM

STATE OF NEVADA
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FACILITY CONTACT INFO (please print)

Facility Name:	Facility Address:
Name of Facility Representative:	
Pin Number:	Facility Phone Number:

WEEK DOSES ADMINISTERED

Check the (1) week H1N1 doses were administered (Sunday – Saturday).

<input type="checkbox"/> 10/4/09 – 10/10/09	<input type="checkbox"/> 11/29/09 – 12/5/09	<input type="checkbox"/> 1/24/10 – 1/30/10	<input type="checkbox"/> 3/21/10 – 3/27/10	<input type="checkbox"/> 5/16/10 – 5/22/10
<input type="checkbox"/> 10/11/09 – 10/17/09	<input type="checkbox"/> 12/6/09 – 12/12/09	<input type="checkbox"/> 1/31/10 – 2/6/10	<input type="checkbox"/> 3/28/10 – 4/3/10	<input type="checkbox"/> 5/23/10 – 5/29/10
<input type="checkbox"/> 10/18/09 – 10/24/09	<input type="checkbox"/> 12/13/09 – 12/19/09	<input type="checkbox"/> 2/7/10 – 2/13/10	<input type="checkbox"/> 4/4/10 – 4/10/10	<input type="checkbox"/> 5/30/10 – 6/5/10
<input type="checkbox"/> 10/25/09 – 10/31/09	<input type="checkbox"/> 12/20/09 – 12/26/09	<input type="checkbox"/> 2/14/10 – 2/20/10	<input type="checkbox"/> 4/11/10 – 4/17/10	<input type="checkbox"/> 6/6/10 – 6/12/10
<input type="checkbox"/> 11/1/09 – 11/7/09	<input type="checkbox"/> 12/27/09 – 1/2/10	<input type="checkbox"/> 2/21/10 – 2/27/10	<input type="checkbox"/> 4/18/10 – 4/24/10	<input type="checkbox"/> 6/13/10 – 6/19/10
<input type="checkbox"/> 11/8/09 – 11/14/09	<input type="checkbox"/> 1/3/10 – 1/9/10	<input type="checkbox"/> 2/28/10 – 3/6/10	<input type="checkbox"/> 4/25/10 – 5/1/10	<input type="checkbox"/> 6/20/10 – 6/26/10
<input type="checkbox"/> 11/15/09 – 11/21/09	<input type="checkbox"/> 1/10/10 – 1/16/10	<input type="checkbox"/> 3/7/10 – 3/13/10	<input type="checkbox"/> 5/2/10 – 5/8/10	<input type="checkbox"/> 6/27/10 – 7/3/10
<input type="checkbox"/> 11/22/09 – 11/28/09	<input type="checkbox"/> 1/17/10 – 1/23/10	<input type="checkbox"/> 3/14/10 – 3/20/10	<input type="checkbox"/> 5/9/10 – 5/15/10	

AGGREGATE H1N1 DOSES ADMINISTERED

Record the number of H1N1 doses administered per age below for the week listed above in whole numbers only.

Age Group	Dose 1	Dose 2	Unknown (Age Group)	
6 – 23 months old				
24 – 59 months old				
5 – 18 years old				
19 – 24 years old				
25 – 49 years old				
50 – 64 years old				
65+ years old				
	<u>Total</u>	<u>Total</u>	<u>Total</u>	<u>Grand Total</u>

PRIORITY GROUPS

Record the number of H1N1 doses administered per priority group below for the week listed above in whole numbers only for both Dose 1 & 2. You may mark patients in more than one priority group.

<u>Pregnant Women</u>	<u>Household contact & caregivers for children younger than 6 months</u>	<u>Healthcare & emergency medical services personnel</u>	<u>6 months through 24 yrs. old</u>	<u>25 through 64 years old with underlying medical conditions</u>

SIGNATURE & DATE

Provide signature & date of facility representative to verify this information is correct and true to their knowledge.

Signature _____		Date _____	
NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:			
Date Form Received		Date Doses Recorded	
Revised 10/2009			

Track all H1N1 doses administered (in whole numbers) for the specific week (Sun. – Sat.)



Submit by fax every Monday by 12pm (Noon) for previous Sun. – Sat. week



Can use Tick-Mark Chart to help keep track



H1N1 AGGREGATE DOSES REPORTING FORM

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Name of Facility Representative: Suzy Que	
Pin Number: 123456	Facility Phone Number: (775) 555-1212

WEEK DOSES ADMINISTERED

Check the (1) week H1N1 doses were administered (Sunday – Saturday).

<input checked="" type="checkbox"/> 10/4/09 – 10/10/09	<input type="checkbox"/> 11/29/09 – 12/5/09	<input type="checkbox"/> 1/24/10 – 2/20/10	<input type="checkbox"/> 2/21/10 – 3/27/10	<input type="checkbox"/> 5/16/10 – 5/22/10
<input type="checkbox"/> 10/11/09 – 10/17/09	<input type="checkbox"/> 12/6/09 – 12/12/09	<input type="checkbox"/> 1/31/10 – 2/6/10	<input type="checkbox"/> 3/28/10 – 4/3/10	<input type="checkbox"/> 5/23/10 – 5/29/10
<input type="checkbox"/> 10/18/09 – 10/24/09	<input type="checkbox"/> 12/13/09 – 12/19/09	<input type="checkbox"/> 2/7/10 – 2/13/10	<input type="checkbox"/> 4/4/10 – 4/10/10	<input type="checkbox"/> 5/30/10 – 6/5/10
<input type="checkbox"/> 10/25/09 – 10/31/09	<input type="checkbox"/> 12/20/09 – 12/26/09	<input type="checkbox"/> 2/14/10 – 2/20/10	<input type="checkbox"/> 4/11/10 – 4/17/10	<input type="checkbox"/> 6/6/10 – 6/12/10
<input type="checkbox"/> 11/1/09 – 11/7/09	<input type="checkbox"/> 12/27/09 – 1/2/10	<input type="checkbox"/> 2/21/10 – 2/27/10	<input type="checkbox"/> 4/18/10 – 4/24/10	<input type="checkbox"/> 6/13/10 – 6/19/10
<input type="checkbox"/> 11/8/09 – 11/14/09	<input type="checkbox"/> 1/3/10 – 1/9/10	<input type="checkbox"/> 2/28/10 – 3/6/10	<input type="checkbox"/> 4/25/10 – 5/1/10	<input type="checkbox"/> 6/20/10 – 6/26/10
<input type="checkbox"/> 11/15/09 – 11/21/09	<input type="checkbox"/> 1/10/10 – 1/16/10	<input type="checkbox"/> 3/7/10 – 3/13/10	<input type="checkbox"/> 5/2/10 – 5/8/10	<input type="checkbox"/> 6/27/10 – 7/3/10
<input type="checkbox"/> 11/22/09 – 11/28/09	<input type="checkbox"/> 1/17/10 – 1/23/10	<input type="checkbox"/> 3/14/10 – 3/20/10	<input type="checkbox"/> 5/9/10 – 5/15/10	

AGGREGATE H1N1 DOSES ADMINISTERED

Record the number of H1N1 doses administered per age below for the week listed above in whole numbers only.

Age Group	Dose 1	Dose 2	Unknown (Age Group)	Grand Total
6 – 23 months old	14			
24 – 59 months old				
5 – 18 years old	10	33		
19 – 24 years old		11		
25 – 49 years old	21			
50 – 64 years old				
65+ years old				
	Total	Total	Total	
	45	44	6	95

PRIORITY GROUPS

Record the number of H1N1 doses administered per priority group below for the week listed above in whole numbers only for both Dose 1 & 2. You may mark patients in more than one priority group.

Pregnant Women	Household contact & caregivers for children younger than 6 months	Healthcare & emergency medical services personnel	6 months through 24 yrs. old	25 through 64 years old with underlying medical conditions
15	19	70	6	110

SIGNATURE & DATE

Provide signature & date of facility representative to verify this information is correct and true to their knowledge.

Suzy Que
Signature

10/12/09
Date

NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:

Revised 10/2009

Date Form Received

Date Doses Recorded

Week of:

(Sunday - Saturday)

USE THIS PAGE FOR 1ST DOSE

Age Groups*	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6-23 months old							
24-59 months old							
5-18 years old							
19-24 years old							
25-49 years old							
50-64 years old							
65+ years old							
Priority Groups†	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Pregnant Women							
Household contacts & caregivers for children younger than 6mos							
Health Care & Emergency Medical Services Personnel							
6 mos. - 18 yrs. old							
19 - 24 yrs. old							
25 yrs. - 64 yrs. old w/underlying medical conditions							

*Count each patient once for their Age Group

† You may mark patients in more than one priority group

Week of:

(Sunday - Saturday)

USE THIS PAGE FOR 1ST DOSE

Age Groups*	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14 6-23 months old							
24-59 months old							
10 5-18 years old							
19-24 years old							
25-49 years old							
50-64 years old							
65+ years old							
Priority Groups†	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15 Pregnant Women							
Household contacts & caregivers for children younger than 6mos							
4 Health Care & Emergency Medical Services Personnel							
6 mos. - 18 yrs. old							
19 - 24 yrs. old							
25 yrs. - 64 yrs. old w/underlying medical conditions							

*Count each patient once for their Age Group

† You may mark patients in more than one priority group

H1N1 VACCINATIONS: THE PROCESS FLOW

NON-NEVADA WEBIZ PROVIDERS

Complete "H1N1 Patient Chart Record" for each dose given



Keep one copy in the patient's chart



Submit one copy to the NSIP by fax or mail on weekly basis.

(775) 883-4732

OR

(775) 883-3768

AND

Track all doses given on tick-mark sheet (use as daily worksheet only)



Complete "H1N1 Aggregate Doses Reporting" form (use whole numbers only)



Fax completed "H1N1 Aggregate Doses Reporting" form every Monday by 12pm (Noon) for the previous Sunday - Saturday H1N1 vaccinations.

(775) 883-4732

OR

(775) 883-3768

REPORTING DATES - EXAMPLE

OCTOBER						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Aggregate Report Due					
	Aggregate Report Due					
	Aggregate Report Due					
	Aggregate Report Due					

- Reporting period (Sunday – Saturday)
- Due by following Monday at 12pm (Noon)



DATA REPORTING WEBINARS

- Every Thursday
 - Details are located at www.flu.nv.gov under Health Care Providers and Webinars



CONTACTS

Nevada State Immunization Program (NSIP)

4150 Technology Way, Suite 210

Carson City, NV 89706

(775) 883-4732 OR (775) 883-3768

Contact Us:

Erin Seward: 775-684-3209 eseward@health.nv.gov

OR

Mandy Harris 775-684-4258 asharris@health.nv.gov

